



Parent and Guardian Empowerment (P.A.G.E.)
CASE MANAGEMENT
REFERRAL FORM

REFERRAL TO P.A.G.E. CASE MANAGEMENT PROGRAMS

| | | | | |
|------------------------------------|-----|----|----|------------------------------------------------------------------------|
| <u>Community Case Management</u> | Yes | or | No | (859) 300-5330; Fax (859) 226-9962 |
| <u>Court Case Management</u> | Yes | or | No | kjustice@lexingtonky.gov |
| <u>Wrap Around Case Management</u> | Yes | or | No | |

If requesting wrap around services, please check one or more: ☐ Substance Use ☐ Parenting Classes

REFERRING PARTY INFORMATION

Date of Referral: _____ Name of Person Making Referral: _____
Email of Referring Party, if available*: _____
Referring Agency: _____ Address: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____

IDENTIFYING INFORMATION OF PERSON BEING REFERRED

Name: _____ SS# _____ - _____ - _____ DOB: _____ / _____ / _____ Age: _____
School: _____ Grade: _____ School Status: _____
Aliases: _____ Gender: _____ Language of Preference: _____ Ethnicity: _____
Name of Parent(s)/Guardian(s): _____ Relation: _____
Address & Zip Code _____ Phone: (____) _____ - _____
Siblings/Ages: _____ Medical Insurance: Yes: _____ No: _____ Type: _____
Is he/she connected to other LFUCG services? YES or NO **If yes; please identify:** _____

LEGAL INFORMATION

Dispositional/Pretrial Date/Time: _____ Judge: _____ Attorney: _____
Court Ordered Terms: Yes: _____ No: _____ Original Charge: _____ Guilty of: _____
Prior Court Contact: Yes: _____ No: _____ Previous Worker: _____
Prior DCBS involvement: Yes: _____ No: _____ DCBS Worker: _____

Dispositional Report/Monitoring Check List:

| | | |
|-----------------------|-----------------------|----------------------------|
| _____ Previous Record | _____ Releases Signed | _____ Court Ordered Terms |
| _____ School Records | _____ Initial Review | _____ Phone Call to Family |
| _____ Write Report | _____ Review Report | _____ Deliver Reports |

Signature of Person Completing Referral: _____ **Date:** ____ / ____ / ____





OFFICE USE ONLY

Assigned to: _____

Date Assigned: _____

Assigned Worker's signature: _____

Date of Needs Assessment: _____

No Show _____ Incomplete _____ Declined _____

Wait Listed _____

